

63-11-07

AF

~~WELT~~ ~~TRADE MARK~~

10/074,535

November 13, 2001

HYDRAULIC PUNCH DRIVER

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

MAILING LABEL NUMBER: EV 371845905US

DATE OF DEPOSIT: March 10, 2004

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH
THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE BOX
ADDRESSEE" SERVICE UNDER 35 CFR 1.10 ON THE DATE INDICATED ABOVE
AND IS ADDRESSED TO MAIL STOP AF, THE COMMISSIONER FOR PATENTS,
P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

Tiffany E. Sexton
Tiffany E. Sexton

Transmitted herewith is an *"Amendment And Response to Final Office Action Dated February 13, 2004"* for the above-identified application.

| | (Col. 1) | | (Col. 2) | (Col. 3) |
|--------|---|-------|---------------------------------------|------------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid for | Present Extra |
| TOTAL | * 19 | MINUS | ** 22 | = 0 |
| INDEP. | * 5 | MINUS | ** 5 | 0 |

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

| SMALL ENTITY | |
|-----------------------------|---------------|
| Rate | Addit. Fee |
| x 9 = | \$.00 |
| x 43 = | \$.00 |
| + 145 = | \$.00 |
| TOTAL ADDIT. FEE | \$.00 |


| Rate | Addit. Fee |
|--------------|---------------|
| x 18 = | \$.00 |
| x 86 = | \$.00 |
| + 290 = | \$.00 |
| TOTAL | \$.00 |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "*Highest Number Previously Paid For*" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17
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MAR 15 2004

March 10, 2004


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